	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	A. Signature
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by ( Printed Name)   C. Date of Delivery   Michae   J. Hardy   J. 6 97    D. Is delivery address different from item 1?   Yes
Article Addressed to:	If YES, enter delivery address below:
MR. Michael J. Hardy 2900 Marti Love	
Montgomen, AL 36116	3. Service Type  Cretified Mail  Registered Insured Mail  C.O.D.
C 1, 20,00,5)	
2:07cv1-www (anyloms 20 Dys)	
2. Article number (fransfer from service label)	7006 0100 0002 0279 4174 🔍
PS Form 3811, February 2004 Domestic Re	eturn Receipt